2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35376

Entity Name: ALPHA-OMEGA TITLE SERVICES, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1704 S MAC DILL AVE 1700 S MAC DILL AVENUE TAMPA, FL 33629

SUITE 300

TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

14001 N. DALE MABRY 1704 S MAC DILL AVE TAMPA, FL 33629 TAMPA, FL 33618

FEI Number: 59-2283941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARDNER, J.STEPHEN 220 S.FRANKLIN ST. TAMPA, FL 33602

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

CFO () Delete Title: (X) Change () Addition WILSON, BYRON GIBBS JR WILSON, BYRON GIBBS JR Name: Name: 1704 S MAC DILL AVE 1700 S MAC DILL AVE., STE. 300 Address: Address:

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629

Title: AVP Title: CFO (X) Change () Addition () Delete Name: NIST. ELLEN L Name: WILSON, LORI D

14001 N DALE MABRY 14001 N DALE MABRY Address: Address: TAMPA, FL 33618 TAMPA, FL 33618 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

GRIFFIN, TRACY Name: GRIFFIN, TRACEY Name:

1704 SOUTH MAC DILL AVE. 1700 S. MAC DILL AVE., STE. 300 Address: Address:

City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI WILSON **CFO** 04/25/2005